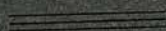


618.75

ECLAMPSIA.



R. H. MORRISON.



This Thesis which I have the honor to present--
ECLAMPSIA - is based on an analysis of the 218 cases
which have occurred at the WOMEN'S HOSPITAL MELBOURNE
during the ten years - 1900-1909 inclusive. During
that period I have been one of the four Honorary
Obstetric Surgeons.

The 218 cases were all true Eclampsia - the
one possible exception being case No. 180. Several
which were epileptic or hysterical have not been
included.

I considered the advisability of only record-
ing the cases admitted directly under my care. I have
however, included also the cases under my colleagues as
giving the report much more statistical value.

| Year | Admissions | Eclamps- tics | Proportion E. to Ad | Died | Per Cent of Deaths to Total E.Cases |
|---------|------------|------------------|------------------------|------|--|
| 1900 | 1023 | 13 | 1 in 79 | 4 | 31 |
| " 1 | 1112 | 14 | " " 79 | 8 | 57 |
| " 2 | 1063 | 15 | " " 71 | 3 | 20 |
| " 3 | 1345 | 16 | " " 84 | 6 | 37 |
| " 4 | 1289 | 18 | " " 71 | 4 | 22 |
| " 5 | 1343 | 30 | " " 45 | 5 | 17 |
| " 6 | 1483 | 27 | " " 55 | 9 | 33 |
| " 7 | 1449 | 32 | " " 45 | 8 | 25 |
| " 8 | 1419 | 26 | " " 54 | 2 | 7 |
| " 9 | 1529 | 27 | " " 56 | 6 | 22 |
| 1900-09 | 13,055 | 218 | 1 in 60 | 55 | 25 |

I have tabulated the cases and the months of occurrence.

The coldest weather is from May to Sept. 31st when it will be noticed that 98 cases occurred in the four months, leaving 120 cases for distribution over the other 8 months.

Nothing of any value is to be gleaned from the months when fatal cases occurred but I have included them in tabular form.

I have considered we were more prone to get cases during the winter months or after a sudden change from extreme heat to cold weather but I cannot give statistics of any value as bearing that out.

| MONTHS | CASES | DEATHS |
|--------|-------|--------|
| JAN. | 15 | 3 |
| FEB. | 13 | 3 |
| MAR. | 9 | 4 |
| APL. | 15 | 3 |
| MAY | 26 | 4 |
| JUNE | 20 | 2 |
| JULY | 29 | 8 |
| AUG. | 23 | 5 |
| SEPT. | 21 | 7 |
| OCT. | 17 | 4 |
| NOV. | 14 | 6 |
| DEC. | 16 | 6 |
| Total | 218 | 55 |

REGARDING AGE

The average age of those who recovered was $22\frac{1}{2}$ years

" " " " " " died " $26\frac{1}{2}$ "

The youngest patient to recover was aged 14 years

" " " " die " " 15 "

The oldest patient to recover was aged 36 years

" " " " die " " 42 "

It is to be noted that the average in
Fatal cases is higher by $26\frac{1}{2} - 22\frac{1}{2}$ than the average age
of the patients who recovered.

NO. OF PREGNANCY

The following table shows the preponderance
of Primiparae

| PARA | CASES | DEATHS |
|-------|-------|--------|
| 1 | 143 | 34 |
| 2 | 23 | 5 |
| 3 | 15 | 5 |
| 4 | 4 | 2 |
| 5 | 2 | - |
| 6 | 5 | 2 |
| 7 | 7 | 4 |
| 8 | 3 | - |
| 9 | 1 | - |
| 11 | 1 | - |
| ? | 14 | 3 |
| Total | 218 | 55 |

ALL CASES:-

Excluding 14 Not Stated we have 204 cases
of which PRIMIP. 143 or 70%
and MULTIP. 61 or 30%

FATAL CASES:-

Excluding 3 Not Stated we have 52 deaths
of which 34 were PRIMIP., 18 MULTIP. making
the mortality in PRIMIP cases 24% and in
MULTIP 30%

PERIOD OF PREGNANCY

This is shown by the table

| Full Time | 8 mos & over | 7 mos & over | 6 mos & over | 5 mos & over | ? & Not Stated | Total |
|-----------|--------------|--------------|--------------|--------------|----------------|-------|
| 92 | 34 | 18 | 8 | 2 | 64 | 218 |

Excluding 64 ? or Not Stated we have 154 cases of which 92 or 60% were Full Time - 126 or 82% were in the Last month of Pregnancy

TEN of the cases were from 5 - 6½ months pregnancy (and of these, three were fatal) viz:-
Cases Nos. 63, 64, 99, 133, 134, 139, 146, 174, 212, 215

In all Ten cases there was a large amount of Albumen. Case No. 134 was admitted unconscious after a severe fit- she responded to treatment, viz.:-
Vapour Bath, Aperients, Vene-Section.

At the end of a fortnight she was transferred without being delivered, (Foetus thought to be dead) to a general hospital which she had been attending for Bright's Disease. No record of her subsequent history is obtainable.

Of the other nine only one had the child born alive

It is interesting to record that eight of the nine children were of the male sex.

I append short notes of the three Fatal Cases.

CASE 133

Aged 39 ¹¹¹/₁₇ para 6½ months pregnant.

Dec. 19

Admitted semi-conscious - had eight fits before admission - the first thirty hours before admission. Urine 12 oz. contained small amount of Albumen and Urea 4 grs ad 3° B.P. 160 She had been given Morphia and Chloroform and a Saline into Left Breast before admission. Under Treatment she improved for 48 hours became conscious and sensible.

Dec 21

Temperature ran up to 102.8, Pulse 122, and Left Breast inflamed. Labor was induced by Bougie and Cervix packed.

Dec 22

Pack removed and Foetus at once expelled Left Breast was opened and a large quantity of very foul pus c bubbles of air. Temperature 104.4 Pulse 140 irregular and intermittent.

Dec 23

Sank rapidly and died. Death attributed to Sepsis (Bac. Aerog. Capsul.) originating in Left Breast.

CASE 146 Aged 42 $\sqrt{1}$ para 5 months pregnant.

May 31

Admitted unconscious 11.45.p.m. with history of five fits before admission. Restless and vomiting. B.P. 140. Not in Labor. Urine solid Albumen and Blood.

Given Vapor Bath and Morphia gr. $\frac{1}{2}$.

Vomited aperients given.

Had ten fits since admission to 8 a.m. June 1st

June 1 8 a.m. On Examination found cervix 5/- so Labor expedited. Had no fits after delivery. That evening had recovered consciousness, looked better, no vomiting, Albumen $\frac{1}{2}$, scanty Urine, Bowels well opened.

Given Vapor Bath and Diaphoretics.

June 2 More trace Albumen. Not nearly so well.

Abdomen distended. Signs of Pneumonia. Gradually got worse and died on June 4th.

Post Mortem showed gumma liver and Pneumonia

CASE 212 Aged 19 \bar{I} para 6 months pregnant.

Sept. 20 Was found in a fit and had at least eleven
before admission

At 11 a.m. Temperature 101, Pulse 140, Urine
Specific Gravity 1.040 and solid Albumen

Examination showed Os 6d - vertex.

From 11.30 to 6 p.m. she had Morphia $\frac{5}{8}$ gr and Chloral $\frac{3}{4}$ ss

At 6.30 de Ribes bag inserted.

At 11.30 bag taken out and Bossi's dilater used for thirty-
five minutes - Craniotomy - Child extracted 12.15

Two pints of Saline

Had nineteen fits between admission and delivery but
none after delivery.

Sept. 21 Sank and died.

No Post Mortem obtained.

PREMONITORY SYMPTOMS

These were frequently absent ~~at~~ the history ~~and~~ difficult to obtain from the patient when she recovered consciousness.

Only positive symptoms are recorded viz:-

| Headache | Epigastric Pain | Oedema | Visual Disturbances |
|----------|-----------------|--------|---------------------|
| 58 | 41 | 72 | 23 |

ADMITTED UNCONSCIOUS :- 28

~~ADMITTED IN FITS :- 21~~

URINE

Unless otherwise stated the Urine was acid in reaction. I have not given the spec. gravity.

No Albumen was found in fifteen cases on admission. The tests used are Boiling - Nitric Acid in the cold - Picric Acid if any doubt. ALL the 15 recovered 1 Case was an Ante partum, Four were Intra partum, Ten were Post partum.

Of those \hat{c} no Albumen who developed fits only three had any premonitory Symptoms viz:- CASE 30 who had headache only. CASE 66 who had Epigastric pain and CASE 90 who had headache, ^{diminution of} ~~dim~~ vision, Oedema of face and legs, Gastric Catarrh.

Of the remainder CASE 160 was specific. She had a 9½ lb child born by forceps. She ran a normal puerperium and without any prodromes she suddenly started fits on the 8th day and had 10 typical convulsions. Urine tested on 6th day gave no Albumen but Albumen was found after fits began. Had a good recovery.

CASE 171 Baby born before admission. She was said to have had no symptoms before fits began, she had 3 fits before admission and 9 after. No Albumen found, S.G.1.005
Urea 12 X 107 ad 31

ONSET OF FITS

The following table showing the time of onset of the convulsions may not be strictly accurate as in many cases it is difficult, nay impossible, to determine whether the Patient was actually in Labor when the first fit occurred. However I have got them as accurate as possible. There fortunately can be no doubt about the Post partum cases and *these* make up about one quarter of the total number.

| <u>ALL CASES</u> | | | | | |
|------------------|-------|---------------------|------|---------------------|-------|
| Ante | Intra | Ante or Intra | Post | ? and Not Stated | Total |
| 64 | 71 | 18 | 55 | 10 | 218 |

Excluding the ten "?" we have 208 cases. Of these 153 or 73% were before the end of the third stage and of these 64 or 30% began before Labor, and 71 or 34% began during Labor, and the history as regards the exact time of onset in 18 of the cases is too uncertain to allow one to determine whether Ante or Intra.

Of Post Partum there were 55 or 26%. *In* 163 cases in which the Convulsions began before or during Labor they continued after the third stage in 45 cases - over 27%

| <u>FATAL CASES</u> | | | | | |
|--------------------|-------|---------------------|------|---------------------|-------|
| Ante | Intra | Ante or Intra | Post | ? Not Not Stated | Total |
| 22 | 15 | 9 | 5 | 3 1 | 55 |

Excluding 4 "?" we have 51 cases of which 46 or 90% were before the end of the third stage, of which 22 or 43% began before Labor and 15 or 30% began during Labor. Of Postpartum there were 5 or 10%

NO. OF FITS

| | | | | | | | |
|---------|-----|------------|------------|-----|---------|-----|----|
| Maximum | No. | in Patient | to recover | ... | 40 | | |
| " | " | " | " | " | die | ... | 38 |
| Minimum | " | " | " | " | recover | ... | 1 |
| " | " | " | " | " | die | ... | 1 |

The 40 fit Patient had all her fits Post Partum (Case 148)

In Post Partum Cases fits averaged 6 in those who recovered

" " " " " " 11 " " " died

The number of Post Partum fits is usually small but two Patients had respectively 23 and 20 fits and recovered

MULTIPLE PREGNANCY

Twins occurred Ten times and Triplets once, so that

Multiple Pregnancy (11) occurred in 5% of all the Eclamptic Cases.

(The average in normal cases is under 1%)

CASE 137 (TRIPLETS) -

This Patient, aged 28, $7\frac{1}{7}$ para, $7\frac{1}{2}$ months pregnant was admitted in a dazed condition - having had a severe convulsion before the birth of a macerated foetus in her own home. She had general Oedema and the scanty Urine-3oz - in bladder was almost solid Albumen. The second child was born alive & out trouble, the third born alive required Forceps. She had a fairly large Myoma at Fundus. She died from acute Sepsis on 3rd day.

The Myoma, by Post Mortem Examination, was found to be soft and sloughing from rotation of its pedicle.

Eclampsia ! Myoma !! Triplets !!! Sepsis !

MORTALITYMOTHERS

Of the Total number of 218 cases admitted, 159 recovered, 4 were discharged as not in Labor and not heard of again, and 55 died - making the mortality 25%. Statistics to be of any value must not be based on merely a few cases. In the year 1908 we had only 2 deaths in 26 Eclamptics showing how it is possible to record an extremely low mortality in a short series of cases.

THE TIME OF THE ONSET affects the mortality, as is shown by the following figures:—

Of 153 Before the end of the 3rd stage 46 or 30% died.

Of 64 Ante 22 or 34% died. Of 71 Intra 15 or 21% died

Of 55 Post Partum 5 or 9% died.

CHILDRENALL CASES 218

Taking each Mother as bearing one child (counting multiples as one) we have children born alive in 129 cases, Still Born in 66 cases, discharged N.I.L. in 4 cases and 19 cases "?" or Not Stated.

Excluding "N.I.L." 4 and "?" 19. 23, we have 195 and of these 129 or 66% were living and 66 or 34% Still Born

FATAL MATERNAL CASES 55

In these we have child born alive in 16 cases, Still Born in 27 cases, and Not Stated in 12. Excluding the 12 Not Stated we have 43, giving 37% living and 63% Still Born

READMISSIONS

Three cases (Nos. 85, 93, 159), admitted for Eclampsia, underwent routine temporising treatment, were discharged improved, and were readmitted shortly afterwards either in Labor or because of further fits. All recovered.

CASE 85 Aged 27 $\frac{11}{16}$ para 8 months pregnant.

Admitted c history of having had four fits before admission, she had two in hospital. She was treated with Aperients, Morphia gr $\frac{1}{2}$, Vapor Baths &c.

At end of week put on Thyroid Extract, 5grs 4 times a day, and went out at her own request. Readmitted a fortnight later in Labor. Mere trace of Albumen.

Face presentation. Easy Labor. Living Child.

On the 10th day she had a severe Epileptiform fit.

I am aware that convulsions occurring so late in puerperium are generally attributed to some cause other than Eclampsia. This however I look upon as a genuine case - the latest onset I have met with. The history of Eclampsia with her first child, the oedema, vomiting and Albumen and the convulsions a month before Labor coming on with this pregnancy are, to me, sufficient grounds for deciding the convulsion on the 10th day as Eclamptic. *She made a Good Recovery.*

CASE 93 Aged 22 $\frac{1}{2}$ para nearly 7 months pregnant.

Admitted semi-conscious after five fits. Treated with Aperients, Morphia $\frac{1}{2}$ gr, Vapor Bath.

Later Thyroid 5grs. 4 times a day. Went out at her own request at the end of a fortnight. Re-admitted in four days after having had two fits at home. Very

cyanosed. Had three more fits in hospital. Treated as before. Labor induced 5 days after admission. Still Born.

READMISSIONS (cont)

CASE 159 Aged 30 / para 8½ months pregnant

Admitted for treatment as threatened Eclamptic with Urine ½ Albumen, very low Urea, and general Oedema. With rest in bed, milk diet, aperients, Vapor Baths and Diaphoretics she had improved at the end of six days. It was then decided to induce labor so a Bougie No.12 was passed into the Uterus but expelled in two hours. She refused any further attempt to bring on labor and was discharged at her own request. Readmitted in 10 days in a fit and in labor. Her oedema was worse than when in hospital. She was said not to have passed any urine for two days but the bladder contained 6ozs. Albumen solid. The labor was expedited by Forceps. Living child which died 5 hours later. Mother made a good recovery.

INSANITY

Three Cases developed Insanity and had to be removed to an Asylum.

CORONER'S ENQUIRY

Two Cases, Nos. 179, 216, were admitted unconscious and died shortly afterwards. They were reported to the Coroner who ordered a Post Mortem and Enquiry in each case.

CASE 179 was due to Compression of the Brain from

Haemorrhage caused by injuries received during an Eclamptic fit.

CASE 216 is of more doubtful origin.

It may have been due to an Eclamptic fit causing rupture of abnormally high tension cerebral blood vessels or the convulsions were due to the cerebral irritation of ruptured blood vessels in a chronic nephritic patient.

I now propose to give the Treatment I adopt in actual Eclampsia.

The Treatment of Threatened Eclampsia will not be considered.

We look upon Eclampsia as a toxæmia caused by the absorption of certain products and ferments from the Placenta. This is an explanation which can readily be accepted in cases other than those where Convulsions occur after the 3rd stage - more especially when they only begin many days after labor is finished. I have not yet accepted any theory which can satisfactorily explain Post Partum Cases.

ROUTINE Routine Treatment is for the patient on admission to be washed and put to bed.

We have a special ward for Eclamptics where we can more satisfactorily treat them than in the General Labor Ward. Not only is it best for the Eclamptic to be kept quiet and free from noise, but it is also in the interests of the other patients that they should not witness nor hear a fellow inmate in a convulsion. The Vulva is shaved and cleaned. The Catheter is then passed, Urine measured and tested for S.G., reaction, and Albumen - put aside for the amount of Urea - and also for Microscopic Examination. The Blood Pressure is taken.

GENERAL General Treatment is then undertaken, and our endeavour must be to secure the elimination of the Toxins and at the same time, if necessary, use medicinal remedies to try to control the Convulsions.

ELIMINATION OF TOXINS is assisted by acting on the Stomach and the ~~S~~cretory organs.

Stomach is washed out and half a pint of fluid with an ounce and a half of Mag. Sulph. left in.

Rectum is emptied by ordinary Enema, and if the result be not satisfactory, a high saline wash out is given or a high Enema of Mag. Sulph. 1oz., Castor Oil 1oz., Glycerine 2oz., and water to a pint.

I think it very essential to thoroughly clear out the Rectum as retained faeces aggravate and may even assist in the production of Convulsions.

Skin is acted upon by putting patient, in nearly every case, in a Vapor Bath for about an hour, and at the same time giving her plenty of Fluid by mouth, if she can swallow, by the rectum, if not too restless, or under the skin, preferably submammary. I strongly believe in giving as much Fluid as possible. There is a slight risk of overloading her but that risk can be easily avoided - by never giving intravenous except after venesection, and then not more than two pints, and by noting the rapidity with which the fluid is absorbed in hypodermoclysis and injecting more accordingly.

The Fluid used is normal Saline with the addition of Sodium Acetat $3\frac{1}{7}$ to each pint in cases which have been given Morphia. The continuous saline by the Rectum is most suitable for puerperal cases.

Poultice over Kidneys seems to assist diuresis.

Venesection is done in all cases where the Blood Pressure is high, (over 175 M.M.) and the Patient full-blooded or cyanosed. It is especially valuable in cases without oedema and with a hard wiry rapid pulse. Owing to the increased coagulability of the blood, it is sometimes

difficult to bleed to more than a few ounces, but I prefer to get 16 - 20 oz. Then give two pints of normal Saline Solution into vein.

Oxygen is invaluable, is given in practically every case and with the very greatest benefit.

Control of the Convulsions must be considered. It is important to try to lessen the irritability of the nerve centres by such a drug as Morphia. In earlier days I used Morphia in large doses and oftener than I do now. If the fits are recurring at all frequently, I give $\frac{1}{2}$ gr., and very seldom give any more, though occasionally I order perhaps another $\frac{1}{4}$ gr. ^{or $\frac{1}{3}$ gr.} It undoubtedly checks elimination and probably affects the child. If the Urinary secretion is very scanty I now never use Morphia.

Chloroform should be given if any Examination has to be made or any Treatment undertaken. The reflexes are so active that fits are often induced by mere vaginal or rectal manipulation.

If, after employing general and medicinal remedies, the Convulsions are not under control, or the Patient's condition shows no improvement, we must consider the advisability of inducing Labor.

Far and away the most difficult cases for decision as to Treatment are those in which the Patient is not in Labor. When to induce Labor, if at all, and when to rapidly empty the Uterus, if at all, are the two most debatable and unsatisfactory problems in all Obstetrics. Before deciding as to Treatment in a case N.I.L., one must consider the condition of the foetus - Should it have died, one would be more inclined to continue temporising measures. The prognosis as regards the Mother is

favorably affected by the death of the foetus, and it frequently happens that Foetal Death means the cessation of Convulsions.

A few years ago I invariably followed the teaching of those who advocate Temporising Measures - "Attend to the Convulsions and the Labor will take care of itself."

Whilst in mild cases I still follow that dictum, I now in severe cases, interfere earlier than I formerly did.

The foetal mortality is so extremely high in Eclamptics N.I.L. that, if we consider the full-time unborn babe to have an equal claim with the Mother we simply must deliver it as quickly as possible.

If the Temporising Treatment controls the Convulsions, do not interfere with Labor unless her general condition becomes more unsatisfactory - when you must induce Labor by dilating the Cervix c Hegars, putting in bougie, and packing Cervix and Vagina. Should her condition be very serious, one must not be content to induce Labor but may have to empty the Uterus rapidly. I have not yet had a case of Eclampsia which I considered suitable for ordinary Caesarean Section. Bossi's Dilater was used by me on two occasions some years ago in Eclamptics where the Cervix was not taken up.

I have only had experience of one Vaginal Caesarean Section, but it was so satisfactory to both Mother and Child that I would always do the latter Operation and never use Bossi. Hysterotomy is rapid and not likely to cause serious injuries or haemorrhage if the Bladder be well separated. The greatest difficulty would be in full-time Eclamptic Primipara c foetal head filling the pelvic brim. In a vast majority of cases Labor ensues

shortly after the onset of Convulsions. It is certain that Eclamptics have more powerful Uterine contractions than other patients, consequently when the pains do come on Labor is generally fairly rapid.

Should the Patient be in Labor leave her alone if the pains are strong and good progress is being made. If not, then expedite the 1st stage by manual dilatation or De Ribes Bag, and the 2nd stage by Forceps. With the Patient lightly under Chloroform I frequently have put on Forceps before the Os was fully dilated and used them as Dilators as well as Tractors. Should the Cervix be rigid I do not hesitate to incise it freely, if Time be an important factor for Mother or Child. Should she be Primipara & anything like a ^{rigid Perineum} ~~small outlet~~ I do episiotomy. One always likes to see a fairly free Haemorrhage post partum.

There are certain drugs which at one time or another were greatly in vogue in treating Eclampsia, and are even now vaunted by many, but all have been discarded by me.

CROTON OIL:- Useless in dose ($m\bar{j}$) ordinarily prescribed, and larger doses, even up to \sqrt{m} are too uncertain.

PILOCARPIN:- Not used for many years because of the risk of inducing pulmonary oedema, and oedema of glottis.

VERATRUM VIRIDE:- So largely used in America, has never been found satisfactory. It certainly reduces Blood Pressure but only very temporarily, and in large doses affects the child.

CHLORAL:- Discarded because often difficult to administer, uncertain in action, and depressant to the heart.

As an Illustration of the Treatment adopted I append notes of Case No. 218 - the last of the series.

E.D. aged 20, Full Time, $\frac{1}{1}$ para. 14.12.09. Under R.H.M.
Admitted 6.20 p.m. - comatose - Fits began at 2 p.m. and she had six before admission. Pulse 120, Temperature 100.4
Legs oedematous. Face not oedematous, but became markedly so about 5 hours later. Had been under a midwife and examined by her several times.
Urine, by Catheter $\frac{3}{10}$ acid, S.G. 1.012, Solid Albumen, Urea 4gr. $\frac{2}{3}$, Blood Pressure 160.

6.45 p.m. Fit. Chloroform given and p.v. examination showed full Cervix and N.I.L.

7.25 Fit. Stomach washed out, return fairly clear.
Mag. Sulph. $\frac{3}{4}$ left in. Bowels high wash out gave good return faeces.

8.20. Fit. Very restless.

9. p.m. Chloroform given and Cervix manually dilated.

9.25. Given Morphia $\frac{1}{2}$ gr., Hyoscine $\frac{1}{100}$ - Saline $0\frac{1}{2}$ Submammary

10.15. Fit.

11.30. Morphia $\frac{1}{3}$ gr., Hyoscine $\frac{1}{150}$ Submammary. $0\frac{1}{2}$.
Long hot vaginal douche.

15.12.09.

1.15.a.m. Fit.

1.30. Pulse 160 and irregular- Membranes ruptured meconium stained liquor. Os 5/-

3.a.m. Manually dilated cervix and applied Forceps.
and child delivered - alive.- Episiotomy.
Lost freely and Uterus had to be hot douched and packed. Strychnine $\frac{1}{50}$ gr and Digitalis $\frac{1}{100}$ gr.
No fit after delivery.

15.12.09.

8.a.m. Began to lose freely - pack expelled and bleeding ceased. Continuous saline per rectum not retained so $0\frac{1}{2}$ submammary. Refused anything by the mouth - semi-conscious.

6.p.m. Urine since admission 20 Ozs., Albumen $\frac{1}{2}$, Urea $5\frac{1}{2}$ grs. ad $\frac{3}{4}$, Blood Pressure 148. Legs and face less oedematous - Says she cannot see.

16.12.09

Quieter. Better. Albumen $\frac{1}{8}$. Bowels open ten times Taken freely Milk and Barley Water.

17.12.09 Slept well. Trace Albumen. Urine $\frac{3}{4}$ 90.

Temperature up to 101.

18.12.09 Temperature 103.4 Pulse 128. Urine 136 ozs.

Curetted - swabbed with alcohol and packed.

Uterine scrape showed B.C. and cocci.

19.12.09. Temperature 104.4 Pulse 140. Tenderness on the right side of lower abdomen. Feels well. Taken food well. Uterine pack removed - very offensive. Swabbed with alcohol and repacked.

20.12.09 Temperature 103.2 Pulse 136. Tender in Right Vaginal vault. Free posterior *colpotomy* done, and drained -

21.12.09. Pus from opening draining freely.

She gradually improved and was discharged, well.

| No. | Mth Ad. | Age | No. Preg | Period | Premon Sympts | Urine | Ante Labor | Intra Labor | Post Total | Labour | Child | Result | P.M. |
|-----|---------|-----|----------|--------|---|------------------------|--------------------------|-------------------------------|---------------|--------|-------------|--|------|
| 1 | Mh 1900 | 42 | 1 | F | ----- | $\frac{2}{4}$ Alb | [] No. Not Stated | Breech | | | M D S.B. | None | |
| 2 | Ap 33 | 1 | F | | Headache, Vomiting oedema of vulva & Alb legs | Solid | 4 - - 4 | R.O.P. Chlo. Forceps | | | F R S.B. | ---- | |
| 3 | My 16 | 1 | - | | Fits began 4 hrs after admission | | 0 7 0 7 | R.O.P. Chlo. Forceps | | | M R L | ---- | |
| 4 | Jy 23 | 1 | - | | ----- | $\frac{1}{4}$ Alb | [13] | L.O.A. | 13 | | M R S.B. | ---- | |
| 5 | Jy 22 | 1 | - | | ----- | $\frac{1}{4}$ Alb | [?] | R.O.A. | | | F D S.B. | None | |
| 6 | Jy 19 | 1 | 8 | ms | ----- | Not Stated | 5 No. Not Stated | L.O.A. | | | M D L | Well marked Kidney Disease | |
| 7 | Ag 22 | 1 | - | | ----- | Nearly Solid Alb | 8 - - 8 | L.O.A. | | | F D S.B. | Tough Kidneys & liver & perihepa- titis ? syphilitic Commencing broncho Pneumonia at both bases | |
| 8 | A 19 | 1 | F | | No particulars | Normal | [] No. Not Stated | L.O.A. | | | M R S.B. | ---- | |
| 9 | Oct 25 | 1 | F | | ----- | $\frac{1}{4}$ Alb | 12 | L.O.A. Forceps | | | F R L | ---- | |
| 10 | Nv 23 | 2 | 8 | ms | ----- | Solid Alb | 13 0 1 14 | L.O.A. Chlo. | | | R | (With recovery developed mania) | |
| 11 | Dcl 4 | 1 | F | | ----- | $\frac{1}{4}$ Alb | - - 11 | 11 R.O.A. Chlo. Forceps | | | R | | |

| | | | | | | | | | | | | | | |
|------|-------|----|---|---|--|-------------------|------|----|----|----|----------------------------|-----------|---|-------|
| 18 | My | 23 | 1 | ? | Headache & blindness of left eye 2 hours before 1st fit | $\frac{1}{3}$ Alb | | | 2 | 2 | L.O.A. | M L | R | ----- |
| 19 | Mh | - | 1 | - | Confined before admission | - | [19] | 19 | - | - | - | - | D | |
| 20 | My | 17 | 1 | F | Headache | No Alb | 1 | - | 1 | 2 | L.O.A. Forceps | M S.B. | R | ----- |
| 21 | J | 19 | 1 | ? | Blind both eyes great general oedema | $\frac{1}{3}$ Alb | 12 | 5 | - | 17 | L.O.A. Chlo. Forceps | M L | R | ----- |
| 22 | Jl | 19 | 1 | F | Slight oedema | $\frac{1}{3}$ Alb | | | 1 | 1 | L.O.A. | F L | R | ----- |
| 23 | Ag | 30 | 3 | F | Vomiting, slight oedema. 3 fits before admission | $\frac{1}{2}$ Alb | 3 | | 3 | | L.O.A. | M L | R | ----- |
| 24 | Sep | 37 | 6 | 7 | No oedema ms | Alb trace | ? | ? | - | ? | | | D | ----- |
| 25 | Sep | 24 | 1 | | Some oedema | $\frac{1}{2}$ Alb | [8] | 8 | | | | M S.B. | R | ----- |
| 26 | Sep | 19 | 1 | ? | Headache & dimness of vision, slight oedema | Solid Alb | 3 | - | 10 | 13 | R.O.A. Chlo. Forceps | F L | D | ----- |
| 27 | Dec | 29 | 1 | 7 | 4 fits before admission, great oedema - no memory headache | $\frac{1}{2}$ Alb | 4 | | 2 | 6 | - | - | D | ----- |
| 1902 | ----- | | | | | | | | | | | | | |
| 28 | Jan | 19 | 1 | F | No symptoms of Eclampsia but developed fits 12hrs after delivery | Normal | | | 12 | 12 | L.O.A. | M L | R | ----- |

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|------|--------|---|------|--|--------------------|-----|----|----------------------------|-----------|---|---|
| 40 | Sep 19 | 1 | F | ----- | 1/2 Alb | 3 | 3 | R.O.A. | M L | R | ----- |
| 41 | Dec 19 | 1 | 8 ms | ----- | [10] | 10 | 10 | L.O.A. Chlo. Forceps | F S.B. | R | ----- |
| 42 | Dec 18 | 1 | F | ----- | [17] | 17 | 17 | R.O.A. Forceps | M L | D | ----- |
| 1903 | | | | | | | | | | | |
| 43 | Jan 18 | - | F | ----- | [8] | 8 | 8 | L.O.A. | M L | R | ----- |
| 44 | Ap 23 | - | ? | ----- | [4] | 4 | 4 | L.O.A. Forceps | M L | R | ----- |
| 45 | My 25 | - | F | ----- | 1/2 Alb - 6 | 3 | 9 | L.O.A. | F L | R | ----- |
| 46 | My 23 | - | - | 10 fits before admission | [13] | 13 | 13 | L.O.A. Forceps | F L | R | ----- |
| 47 | My 29 | - | - | 8 fits before admission | [10] | 10 | 10 | L.O.A. Forceps | M S.B. | D | ----- |
| 48 | My 37 | 3 | ? | 6 fits before admission | [9] | 9 | 9 | L.S.A. | M S.B. | D | ----- |
| 49 | Jn 36 | 1 | F | ----- | Normal | 4 | 4 | Footling | F L | R | ----- |
| 50 | Jn 19 | - | ? | ----- | 1/2 Alb 7 | - | 7 | R.O.A. Chlo. Forceps | M L | R | ----- |
| 51 | Aug 23 | 2 | 8 ms | Pains in chest, difficulty in breathing, Vomiting, solid | Alb 1 nearly solid | 1 | 1 | - - - | - | - | Discharged after 7 days at own request - Much better Alb: 1/2 |
| | | | | | | - 5 | - | | | | |

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|------------------|--|-------------------------------------|-------|---|-----------|---|--|
| 52 Aug 30 33? | ----- | Alb: - nearly solid | 2 - | 2(?) - - | M L | R | ----- |
| 53 Oct 20 - F | ----- | $\frac{1}{8}$ Alb: - | - 2 | 2 R.O.A. | F L | R | ----- |
| 54 Oct 20 - - | ----- | Alb nearly solid | 2 - | 4 L.O.A. Chlo. Forceps | F L | D | Patient developed pneumonia Abscess formation during stage of resolu- tion- pneumothorax |
| 55 Nov 31 8 ms | Headache and loss of vision | Alb Urea 1.8% | 9 6 - | 15 Dilated c Bossi's Dilator Forceps | M L | D | ----- |
| 56 Nov 26 3 ? | ----- | Alb nearly solid Urea 1.6% | 2 | 30 L.O.A. | F S.B. | D | ----- |
| 57 Nov 17 1 ? | Feet swollen some weeks before admission | $\frac{1}{2}$ Alb | 1 10 | 11 B.B.A | | D | ----- |
| 58 Dec 20 1 1904 | Headache & vomited | Urea 1.1% | 2 2 | | | R | ----- |
| 59 Jan 21 1 ? | ----- | Alb trace Urea 8% | 2 2 | L.O.A. normal | M L | R | ----- |
| 60 Jan 26 1 F | ----- | Alb 2% | 4 | 4 Chlo. Forceps | S.B.D | D | ----- |
| | | | - 6 - | | | | |

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|----|--------|---|---|--|------------------|-------|----|---|--|-------|
| 61 | Jan 36 | 1 | 8 | Oedema of face, legs vulva, lower abdomen - urine decreasing. Headache, loss of vision | Solid Alb | 9 | 9 | Forceps | M R | ----- |
| 62 | Feb 19 | 1 | ? | ----- | 1/2 Alb | [?]- | ? | P.O.P Forceps | F D S.B. Alb 624 | ----- |
| 63 | Feb 33 | 6 | 6 | Oedema | 1/2 Alb | 3 - - | 3 | Labor induced macerated bougieated | M R | ----- |
| 64 | Ap 36 | 8 | 6 | ----- | Alb nearly solid | 3 - | 3 | | M R | ----- |
| 65 | My 30 | 1 | F | Oedema feet, dimness of Vision Headache, Epigastric pain | 1/2 Alb | 1 | 1 | Chlo. Forceps | F R L | ----- |
| 66 | My 19 | 1 | F | Epigastric pain No other symptoms | No Alb | 1 | 2 | 3 Chlo. Forceps | M R L | ----- |
| 67 | My 19 | 1 | F | Unconscious (No notes) | Alb nearly solid | 2 8 - | 10 | De Ribes Bag - Chlo for forceps cervix dilated manually | F R S.B. | ----- |
| 68 | Jn 14 | 1 | F | No symptoms | Alb trace | 1 | 1 | L.O.A. | F R L | ----- |
| 69 | Jl 22 | 1 | 8 | ----- | No Alb | 1 | 1 | L.O.A. | M R L | ----- |
| | | | | | | - 7 - | | | | |

| 70 Jy 25 | 2 | 7 | Oedema of legs ms for past 14 days Vomiting, diminished Urine | Alb solid | 8 | 8 | De Ribes bag | F macer ated | R ----- |
|----------|---|---------|--|--|----|----|----------------------------|--------------------|--|
| 71 J1 23 | 1 | F | Oedema of legs & feet, Xyroid slightly enlarged | At 1st only a trace later solid | 1 | 10 | 11 Chlo. Forceps | F L | D None |
| 72 Sp 36 | 4 | F | No oedema | Trace of Alb | 5 | 5 | R.O.A. | M L | R ----- |
| 73 Sp 22 | 2 | 8 ms | Vomiting, oedema general ascites Unconscious on admission | Alb 10 solid Urea 5 grs to 31 | 10 | 10 | P.O.P. Chlo. Forceps | F S.B. | R ----- |
| 74 Nv 21 | 1 | F | General oedema Headache Epigastric pain & retching | 4 Alb (Esbach) Urea 7 1/2 gr in 31 | 3 | 3 | L.O.A. | F L | R ----- |
| 75 Dc 19 | 1 | F | Oedema. Little headache. Breath offensive. Vomited Face pasty looking | Alb trace 8 by Esbach more later Urea grs 5 1/2 | 1 | 4 | 5 L.O.A. Forceps | F L | R ----- |
| 76 Dc 34 | 7 | 7 ms | Oedema of legs Headache, eye symptoms, diminished quantity urine constipation Epigastric Pain | Alb trace Urea gr 4 | 5 | 0 | 0 | PremD S.B. | Chronic nephri- tis adherent cap- sules & granular surface Liver large c fatty degeneration Heart fatty dila- ted She was a big stout woman |

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|----|----|----|---|----------|---|---|---|---|--|-----------------|---|-------|
| 86 | My | 21 | 1 | 8½ ms | Not noted | Alb Urea 8 0% | 4 | 4 | L.O.A. Forceps | F L 7½ 6½ | R | ----- |
| 87 | My | 18 | 1 | F | No symptoms | No Alb | 1 | 1 | R.O.A. (B.B.A.→) | F L 7½ 6½ | R | ----- |
| 88 | Jn | 20 | 1 | F | No symptoms | Neut Alb Urea gr 17. ad 37 | 6 | 6 | R.O.A. (Forceps Axis- Traction) | M L 7½ 6½ | R | ----- |
| 89 | Jn | 19 | 1 | F | No symptoms | 1.010 Acid Alb Urea 510 p 237 | 1 | 1 | L.O.A. | M L 7 6½ | R | ----- |
| 90 | Jn | 23 | 1 | F | Headache, dimness of vision & Oedema of face legs. Tongue coated: breath heavy | 1.008 Acid No Alb | 1 | 1 | L.O.A. | M L 7½ 6½ | R | ----- |

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|----|-------|------|--|---|---|---|---|--------|---|---|--|
| 91 | Jn 20 | 1 ms | Semi-conscious, Vomiting No oedema | Blood Stnd Alb Urea gr 1½ ad 3 5gr on 7th day | 5 | ? | 5 | R.O.A. | F | D | Large white Kid- neys Pale broad cortex Blood stained urine in calices Haem: into one of calices Bladder: contained urine clean & pale Lungs: fibrosed Liver: Tough and patchy thickening & opacity of cap- sule Heart: L.V. Hyper- trophied Uterus: Placenta in L. Cornu. No phlebitis in ovarian veins etc. Brain: Macroscopic appearance negative except for a general injection & over definition of arterioles of pia mater spleen Normal |
| 92 | Jn 26 | 1 F | No symptoms | Alb Urea 85237 | 1 | 1 | 1 | L.O.A. | F | R | ----- L 6th |

| 93 | Jl | 22 | 1 | 7 | Vomiting blood & bile. Slight oedema, Semi-conscious: Puffy. Constipated | Alb solid Acid Urea gr $\frac{1}{2}$. ad $\frac{3}{4}$ | 5 | 5 | (see below) | Discharged |
|------|----|----|----|---------------------|--|---|----|----|-------------------------------|---|
| (93) | Jl | | | 7 $\frac{1}{2}$ mo. | Re-admitted. Some amaurosis on 2nd day | Acid Urea 9 $\frac{1}{4}$ gr Alb | 5 | 5 | 5 L.O.A. Tot. for 2 ads. 10 | F R S.B. 2 $\frac{1}{2}$ lbs |
| 94 | Jl | 21 | 1 | F | No symptoms except frontal headache | Alb small neut | 2 | 4 | 6 L.O.A. Forceps | F R L 8 $\frac{1}{2}$ lbs |
| 95 | Jl | 19 | 1 | F | Oedema legs & feet Epigastric pain Headache | Alb Urea 6 grs ad $\frac{3}{4}$ | 2 | 1 | 3 R.O.A. L.O.A. Forceps Twins | M R L 5 $\frac{1}{2}$ lbs 4 $\frac{3}{4}$ lbs |
| 96 | Jl | 34 | 11 | 8 | Chronic Constipation. Headache nausea | Acid Alb | 1 | 1 | 1 L.O.A. | F R S.B. 4 $\frac{1}{2}$ lbs |
| 97 | Ag | 17 | 1 | 8 | Headache (frontal) | Acid Alb | 2 | 2 | 2 R.O.A. | M R L 5 $\frac{1}{2}$ lbs |
| 98 | Sp | 18 | 1 | F | None | Alb Acid Urea 6 grs to $\frac{3}{4}$ | 17 | 17 | 17 L.O.A. | F D L 7 $\frac{1}{2}$ lbs |

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|---------|----|---|---|---|---|----|----|--|-------|
| 99 Sep | 31 | 1 | 6 | Headache, vomiting ms for 2 weeks. Oedema of face & ankles | Alb large Amnt Urea 6 grs to $\frac{3}{7}$ | 1 | 1 | M R mace- ratá | ----- |
| 100 Oct | 21 | 1 | 8 | Admitted uncon- mscious: Sterterous breathing B.P 176 min Emphysema of neck No oedema of feet Some of face Emphysema of supra sternal fossa | Alb loaded Urea gr 5 to $\frac{3}{7}$ | 23 | 23 | M R L | ----- |
| 101 Oc | 23 | 1 | 8 | No oedema ms No prem. symptoms ? Unconscious | Alb 6 $\frac{1}{2}$ Esbach Urea 5 grs to $\frac{3}{7}$ | 16 | 16 | L.S.A. Prem R S.B. F 2 $\frac{1}{2}$ 868 | ----- |

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| 102 Nov 39 | 7 | F | Headache. symptoms | Eye | Alb Urea 2.4 gr. to 3. | 14 | 14 L.O.A. | F S.B. 6½ | D Liver: large tough fibrous c capill- ary steakings under capsule Heart: L vent. hyper- troph Spleen: large tough, of chronic inter- stitial type Kidneys: Very large, Tough cap- sule peels c diffi- culty. No dilata- tion or obstruction of ureter. Renal artery showed thickening and narrowing of the calibre. Cortex narrow & almost obliterated by infarctions probably of recent origin which tend to spread in between the pyramids. Smaller vessels thickened |
| 103 Nov 22 | 2 | F | Eye symptoms, Head-ache, pains in stomach: Oedema of legs & face & abdomen | Head-Alb .2% Urea 6 grs to 3. | 2 | 2 | 2 L.O.A. Forceps | F S.B. 8½ | R ----- |

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| 104 Nov 38 | 2 ? | Pain in Right Shoulder and in head (occiput) | Anuria for 24 hrs 20 before adm'n Sp G. 1.020 Esbach? (Alb solid) Urea gr 6/3, ad 3/ | 20 | | Tr's fr'd to Kew ASY 14th day | <i>Delusory of presentation with Delusory of presentation</i> <i>or sensitive to Delusory of presentation</i> |
| 105 Dec 17 | 1 F | Semi-comatose Headache, Dimness of vision (Epileptic fits from age of 4 till 12 years) | Loaded c Alb Urea 8/4 ad 3/ later 8/20 3/ Solid Alb | 8 | R.O.P. Forceps | M R S.B. 8/20 | ----- |
| 106 Dec 40 | 1 ms | Headache, dimness of vision Epigastric pain Vomiting, Oedema of lids Unconscious | 8 Headache, dimness of vision Epigastric pain Vomiting, Oedema of lids Unconscious | 8 | Post Mortem Caesarian Section (7 min after death) | S.B.D. S.B. Foe- in tus | Heart: L.V. hypertrophied Lungs: Few small haems in interstices Liver: Large tough subcapsular haems Kidneys: Large pale & tough capsules adherent Spleen & Pancreas tough Cause of Death (1) Fibrosis of Liver & Kidneys (2) Eclampsia (3) Heart failure |

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|------|-----|--------|------------|--|---|--------|----|-----------------------------|--|---|---|
| 1906 | 107 | Jan 17 | 1 F | Dimness of vision Alb deafness Headache (2 months) Esbach Epigastric pain Urea Nocturnal micturition. Oedema of face & feet | Alb by Urea Esbach gr 4 ad 3 Ace- tone | 1 | 1 | B.B.A. | M L 5 1/2 1/4 ss | R | ---- |
| | 108 | Jan 18 | 1 8 1/2 ms | No notes of any | Alb Urea 8 1/2 1/4 ss | 17 | 17 | L.O.A. | F L 6 1/2 1/4 ss | D | Heart: L.V. slight Hypertrophy R.V. ante mortem clot <u>Lungs</u> Septic <u>Broncho-pneumonia</u> at both bases Lung tissue tougher than normal Liver: Large pale fatty and fibrous Kidneys: Capsules adherent- substance tough Cortex broad, starting to decompose Spleen: Tough Uterus: Contained clot |
| | 109 | Feb 35 | 7 8 ms | ----- | Acid 1.008 Alb Urea gr IV ad 3 1/4 | 2 | 2 | L.O.A. L.O.A. (Twins) | 2 Fs L 6 1/2 1/4 ss 4 1/2 1/4 ss | R | ----- |
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| 110 Feb 28 | 1 8 ms | Epigastric pain (48 hrs). failure of vision 12 hrs. Nocturnal micturition (2 weeks). Headache, Oedema of face & ankles B.P. 174 | Solid Alb Urea gr $\frac{1}{2}$ (gr v of ad $\frac{3}{4}$ on 4 day) Blood & Casts thr' out No Alb by 5th day | 9 | 9 | R.O.A. (De Ribes Bag) Forceps | M S.B. 5 lls | R | ----- |
| 111 Mch 30 | 1 F | ----- | Alb trace | 3 | 3 | R.O.P. | M L 8 lls | R | ----- |
| 112 Apr 17 | 1 8 ms | Frontal headache Visual trouble Oedema of legs so marked as to prevent walking about | Alb | 6 | 6 | R.O.A. | F L 7 lls | D | Kidney & Liver : Fibrosed, probably specific Spleen: markedly fibrosed Heart: Healthy, slight dilatation Lungs: Oedema very marked Minute Haems in Kidneys & Liver |

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| 113 | May 27 | 1 | 7 | Scanty urine ms Constipation and Visual trouble | Solid Alb Urea gr v. to $\frac{3}{4}$ | 9 | | 9 | R.S.A. | F R | ----- |
| | | | | | | | | | S.B. 3 $\frac{3}{4}$ lbs | | |
| 114 | Jn 26 | 1 | 7 | Unconscious Oedema of both legs. Sterterous breathing Mucus in bronchi Jerkling limbs constantly | Solid Alb Urea 3 grs to $\frac{3}{4}$ later 5 grs | 9 | | 9 | L.O.A. Forceps | M Pus S.B in 2 $\frac{3}{4}$ lbs Chest | |
| | | | | | | | | | | Trs frd to Mlb Hos | |
| 115 | Jn 19 | 1 | F | ----- | No Alb Urea gr ix to $\frac{3}{4}$ | | | 1 | 1 L.O.A. | F L 7 lbs | |
| 116 | Jn 28 | 1 | Not gvn | Unconscious | Alk 10 Solid Alb | 10 | | 10 | L.O.A. Chlo. | F R S.B. 5 $\frac{1}{4}$ lbs | ----- |
| 117 | Jl 26 | 1 | 8 | Severe headaches | Trace of Alb | 8 | 4 | 12 | R.O.A. Chlo. Forceps | M R L 7 lbs | ----- |
| 118 | Jl 22 | 1 | 8 | Visual symptoms Headaches, persis- tent. Vomiting Constipated Frequent mictur- ition nocte. No oedema | Alk 10 No. of Fits Alb Not statd | | | | | Dis ch'd | ----- |

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| 1199 J1 21 1 | ? | Oedema of legs | Solid 1 Alb | 1 | Twins Both R.M.A. Ms R.S.A. L Chlo. Forceps | Both Ms L | Serous fluid in abdomen Small petechiae under peritoneum Specially marked over liver <u>Liver: normal, size</u> <u>pale fine fibrosis</u> <u>Spleen: Fibrosed</u> <u>Kidneys: Normal</u> <u>capsule peeled</u> easily. Cortex well marked, swollen Fine fibrosis of Kidney substance <u>Lungs: Normal</u> <u>Heart: L.V. slightly</u> <u>hypertrophied</u> Slight aortic atheroma Right cavities flabby & very little blood <u>Uterus: Small blood</u> <u>clot</u> Marked Anaemia of all organs <u>Cause of death</u> <u>Haemorrhage</u> post partum 2ndry to Eclampsia |
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| 120 | Jl 19 1 | ? | Comatose and Cyanosed | Solid 7 1 | 8 | Chlo. Forceps | S.B.D | Venous engorge- ment of all organs Kidneys: large capsules slightly adherent Cortex broad, streaky & glomeruli standing out. Pyramids streaky & engorged Liver: Firm Heart: L.V. hyper- trophied & dilated Right side disten- ded c blood clot & dilated Lungs: Collapsed Bronchi enlarged bronchial tubes filled c mūco purulent fluid |
| 121 | Jy 34 1 | F | Headache, visual symptoms Epigastric pains Vomiting | Large amt Alb Urea 4 grs to | 6 | R.O.A. Chlo. mace Forceps ratd Chlo. 6½ Placenta Manually removed | F R | ----- |

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| 122 Jy 38 4 ? | Headaches, Vomiting "Buzzing in head" | Solid Alb Urea gr to | 0 2 0 2 | R.S.P. Chlo. | M D S.B. 7 | <p><u>Heart</u>: slight <u>Hypertrophy</u> & dilat of left vent.</p> <p><u>Lungs</u>: Broncho pneumonic patches at each base - commencing to be- come gangrenous & hypostatic pneu- monia</p> <p><u>Liver</u>: pale, but normal</p> <p><u>Kidneys</u>: size nor- mal, a few cysts under capsule, which was slightly adherent</p> <p>Cortex broad- subst friable</p> <p><u>Brain</u>: Meningeal haemorrhages at base extending anteriorly from frontal region backward to spinal canal- outwards in both Sylvian fissures</p> <p>More haemorrhage on left side than on the right</p> <p>Bleeding vessel not detected.</p> |
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| 123 | Ag | 21 | 1 | F | Pain across upper abdomen. Vomited Oedema of legs & lower half of abdomen | Solid Alb Urea 7½ to | 2 | 2 | R.O.A. | F L 7½ | R | ----- |
| 124 | Ag | 17 | 1 | 8 ms | No symptoms | Alb Blood in Urine | 4 | 4 | L.O.A. | M R S.B. 4 | R | ----- |
| 125 | Sp | 33 | 1 | 7? ms | Severe headaches Epigastric pain Unconscious on admission | Solid Alb smoky casts some senex ytes & epithelial cells | 2 | 2 | - - - | - - - | D | ----- |
| 126 | Sp | 25 | 1 | | Headaches, Oedema about ankles Restless, unconscious on admission | Smoky Acid Alb nearly solid contains some reds | 17 17 1 | 17 17 1 | B.B.A. | R | R | ----- |
| 127 | Oc | 21 | 1 | F | Oedema of legs Headache, Epigastric pain, oedema of abdomen & eyelids | Alb Solid later granular casts | 5 | 3 | R.O.A. L.O.A. Chlo & Ether Forceps L Twins 5½ | F L 5 M 5½ | R | ----- |

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| 128 | 0c | 25 | 4 | 8 | Headache (severe) ms Vomiting Oedema of legs | Alb nearly solid Load ^d c Urates | 4 | 4 | R.O.A. | F L 5½ | R | ----- | |
| 129 | 0c | 15 | 1 | 7½ | Unconscious on ms admission | No Alb Painty Alka- line Later Highly acid & large Amt of Alb | 10 | 10 | - - - - - | - - - - - | D | Heart: Right side rather flabby Left vent hyper- trophied Lungs : Normal Liver: Extremely tough & firm Spleen: Extremely tough & firm Kidneys: firm c rather streaky cortex. Capsules slightly adherent general fibrosis of all organs | |
| 130 | 0c | 21 | 1 | F | Unconscious on admission | Neut. No Alb later granu lar casts & debris & trace of Alb | 1 | 1 | 2 | R.O.A. | M L 7 | R | ----- |
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| 131 | Nv | 21 | 2 | 7 | Scanty Urine Epigastric pains Headache, Vomiting | Alb solid Blood stn'd Acid Later granu lar & blood casts reds epi- the- lial cells & occas leuco cytes urea gr 7 to 3 $\frac{1}{2}$ | 2 | 2 | Premature | R | ----- |
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| 132 | Dec | 19 | 1 | Semi conscious on admission | Large amnt of Alb 2 1/2 grs by Esbach, Urea 8 1/2 gr to No. of Hya- line granu- lar & fatty Casts also a few reds | 11 11 B.B.A. | D | General fibrosis of all organs probably congenit. specific *Heart: Some milki- ness of epicardium foll. the coronary vessels Left Vent. dilated & hypertrophied Slight atheromatin lower aorta Lungs: Patchy oedema & haemor- rhage at both bases Kidneys: Both enlarged capsules non adherent. Cortex very thick & tough deeply congested Liver: little tough & pliable. Nosub- capsular haemor- rhages Pancreas: very tough Stomach: Inner surface a little congested. Uterus: mux wall very thick, small amount of membrane & old blood clot inside *Dr Mollison con- siders this very characteristic of congenital syphilis |
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| 133 | Dec 39 | 3 | 6-7 | Restless & dazed on admission ms Oedema of ankles (slight) none of face-some of legs | Alb 8 by Esbach Urea gr 4 to 37 | 8 | 8 | L.O.A. | M SB. | D | Heart: slight thickening, milkiness of epicardium. Some atheroma of aorta just above aortic valves Lungs: subst. rather friable Congested oedema of bases & post margins Bile stn'd fluid in bronchi Liver: pale, not enlarged substance firm, fibro fatty Kidneys: a little enlarged pale subst. firm. Capsules slightly adherent Spleen: rather friable Stomach: greatly distended c gas & bile stained fluid |
| 134 | 1907 Jn 42 | 7 | 5 | Had been treated for Bright's Disease. Oedema of feet & ankles Dry tongue Unconscious (Complains of blindness on re-covering consciousness | Nearly Solid Alb | 1 | 1 | N.I.L. | Foe-T's tus fr'd sup- to posd m to be H dead | | |

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| 135 | Jan 30 | 1 | F | Unconscious. Very restless | Thick c Alb (11 by Esbach) Urea grs ¹⁰⁰ ad ³ Casts Granu lar & Blood | 2 | 4 | 6 | L.O.A. Forceps | M L 6 $\frac{1}{2}$ lbs | R | |
| 136 | Jan 23 | 1 | 8 $\frac{1}{2}$ ms | No particulars. No history of Kidney Trouble | Large Amt Alb | 6 | | 6 | L.O.P. Forceps | M L 7 $\frac{1}{4}$ lbs | R | |
| 137 | Jan 28 | 1 | 7 $\frac{1}{2}$ ms | Swelling of feet and legs. Oedema of Vulva (Patient also had fibrous tumour which obstructed labour) | Nearly Solid Album. | 1 | | 1 | 1st ? Mace Nature rated 2nd 2 $\frac{1}{2}$ lbs L.O.A. F.L. 3rd 3 R.O.P. F.L. Triplets 4 $\frac{1}{2}$ lbs Forceps | D Mace 2 $\frac{1}{2}$ lbs F.L. 3 F.L. 4 $\frac{1}{2}$ lbs | | Some sloughing of vulva Uterus: large & soft Whole of interior sloughy & foul Large myoma at fundus broad pedicle Tumour soft & sloughing General peritonitis Kidneys tough narrow cortex |
| 138 | Feb 21 | 2 | F | Headache. Pain in side. Slight oedema of legs | Neut Trace of Alb Later solid | 5 | | 5 | L.O.A. | F L 6 $\frac{1}{8}$ lbs | R | |

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| 139 | Mr | 26 | 1 ? ms | Admitted in fit Complaining of Headache | Solid Alb | 4 | 2 | 6 | L.S.A. | F S.B. 3½Us | R | ----- |
| 140 | Ap | 29 | 3 7 ms | Headache & Vomiting | Alk Faint trace of Alb Urea 7 grs to 3/ | 5 | | 5 | | | R | ----- |
| 141 | Ap | 25 | 1 F | Jerking movements all over body Did not lose consciousness | ½Alb | 7 | 7 | 7 | L.O.A. | M L 8½Us | R | ----- |
| 142 | My | 16 | 1 F | No details | Trace 3 of Alb | 3 | 3 | 6 | L.O.P. Chlo. Forceps | M L 7½Us | R | ----- |
| 143 | My | 18 | 1 F | Oedema of feet & legs | Acid ½Alb | 3 | 3 | 3 | R.S.A. complete breach | M L 7½Us | R | ----- |
| 144 | My | 22 | 1 8 ms | No details | Solid Alb | 3 | 2 | 5 | L.O.A. R.S.A. (1st one had Forceps Chlo. (twice) | M L 6½Us M L 5Us | R | ----- |
| 145 | My | 37 | 1 8 ms | No details | Nearly Solid Alb | 2 | 3 | 3 | L.O.A. Chlo. Forceps | M. L. 7½Us | R | ----- |

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| 146 | My | 37 | 1 | 5 | Vomiting, Restless | Blood? | 15 | 15 | R.S.A. | M. D | Lungs: Red |
| | | | | ms | | Solid | | | (Forceps) | S.B. | Hepatitis Pneumonia |
| | | | | | | Alb | | | | 1 3/4 | Liver: Gumma |
| | | | | | | | | | | | Heart: Hypertro- |
| | | | | | | | | | | | phied |
| | | | | | | | | | | | Left Vent. c white |
| | | | | | | | | | | | fibrous patches |
| | | | | | | | | | | | Kidneys: Inter- |
| | | | | | | | | | | | stitial nephritis |
| | | | | | | | | | | | Aorta: Commencing |
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| | | | | | | | | | | | Spleen: White |
| | | | | | | | | | | | fibrous patches c |
| | | | | | | | | | | | perisplenitis |
| | | | | | | | | | | | Uterus: normal |
| | | | | | | | | | | | Pancreas: Sclerotic |
| 147 | Jn | 34 | 2 | ? No | Oedema | Solid | 2 | 10 | 12 | M D | ----- |
| | | | | 8 | | Alb | | | Podalic | S.B. | |
| | | | | ms | | | | | Version | 4 1/4 | |
| | | | | | | | | | R.S.A. | | |
| 148 | Jn | 21 | No | ----- | | Nearly | 40 | 40 | B.B.A. | M R | ----- |
| | | | | detls | | Solid | | | | L | |
| | | | | | | Alb | | | | 6 1/4 | |
| 149 | Jl | 19 | 1 | F | Oedema of feet | Alk | 2 | 1 | 3 | F R | ----- |
| | | | | | | Slight | | | R.O.A. | L | |
| | | | | | | trace | | | Chlo. | 8 1/4 | |
| | | | | | | Alb | | | Forceps | | |
| 150 | Jl | 41 | 9 | ? Restless - no | | Almst | 7 | | 7 | M R | ----- |
| | | | | 7 other details | | Solid | | | L.S.A. | S.B. | |
| | | | | ms | | Alb | | | | 2 1/4 | |

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|--------------------|----|----|---|------------------------------------|--|--|----|--------|----------------------|------------------------------------|---|--------------------------|
| 155 | Ag | 17 | 1 | 8 ms | | Large trace Alb $\frac{1}{2}$ Urea gr $\frac{1}{4}$ to $\frac{1}{2}$. | 14 | 14 | R.O.A. | M L 7 1/6s | R | ----- |
| 156 | Ag | 22 | 1 | F | Headache, Vomiting | Alb | 15 | 15 | L.O.A. Forceps | F L 7 1/4s | D | None - <i>Pneumonia</i> |
| 157 | Sp | 23 | 1 | F | Unconscious B.P. 196 Later B.P. 100 2nd day B.P. 90 | $\frac{3}{4}$ Alb Blood | 25 | 8 | 33 R.O.A. Forceps | F S.B. 6 1/4s | D | None <i>Pneumonia</i> |
| 158 | Sp | 22 | 1 | ? 8 ms | Had easy labour. Fits commenced 5 hrs after labour On admission semi- conscious Oedema of legs & thighs | alt. <i>unf. solid</i> | 24 | 24 | B.B.A. | F L | R | |
| 159 | Sp | 30 | 1 | W 8 1/2 <i>ms</i> | Admitted 11/9/07 as threatened Eclampsia. Gives history of losing at 3rd month Face puffy in morning for week. Oedema of legs, feet & abd. wall also of vulva Admitted again 29/9/07. Oedema headache (2 days) Ataxia B.P. 160 <i>Amuria (2 days!)</i> | 11/9/07 $\frac{1}{2}$ Alb Urea gr $\frac{1}{4}$ ad $\frac{1}{2}$ | | N.I.L. | | Dis <i>Dis</i> | | |
| (159) Readmitted F | | | | | | 29/9/07 Alb solid | 2 | 2 | L.O.A. Forceps | F L (died in 5 hrs) | R | |
| | | | | | 2nd B.P. 130 | Later $\frac{1}{2}$ Urea vigns ad $\frac{3}{4}$ | | | | | | |

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|---|----|----|---|--------|--|---|----|----|-------------------|-----------------------------------|---|
| 160 | 0c | 31 | 1 | F | Evidently a specific one. Had rash on body & limbs No prodromes noted on Fits started on 8th day | No Alb (Alb fd) Load ^c Phos phates | 10 | 10 | L.O.A. Forceps | M L 9 $\frac{1}{2}$ 6s | R |
| 161 | 0c | 23 | 2 | ? 8 ms | Headache c vomiting for past three days Face puffy & legs swollen 7 days Later B.P. 108 2nd day B.P. 96 | Nearly solid Alb Urea gr $\frac{1}{2}$ ad $\frac{3}{4}$ Later Alb $\frac{1}{2}$ Urea 2grs ad $\frac{3}{4}$ | 5 | 8 | 13 L.O.A. Forceps | F L 2 $\frac{3}{4}$ 7s | D |
| 162 | 0c | 34 | 7 | | Four fits before admission Conscious, restless B.P. 180 | Solid Alb | 8 | 8 | 16 L.O.A. | Maced rat M 4 $\frac{1}{2}$ 7s | |
| <p>Lungs: oedematous Liver: numerous & extensive sub-capsular haem. None into liver substance Kidneys: Large pale Capsule adherent Cortex thick & pale Cause of Death Chronic Nephritis Eclampsia Cardiac Failure</p> | | | | | | | | | | | |

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|-----|-------|---|-----------|--|--|---|---|---------------------|---|---|---|
| 163 | Oc 21 | - | - | None (Exophthalmos - no goitre) | | 1 | 1 | B.B.A. | M L 6 $\frac{1}{4}$ s | R | |
| 164 | Nv 38 | - | ? 7 ms | Severe headaches semi-conscious on admission Slight Oedema of ankles & legs | Nearly 8 Solid Alb Urea 8grs. to $\frac{3}{4}$ later 5 $\frac{1}{2}$ grs. to $\frac{3}{4}$ | | 8 | | R | | |
| 165 | Nv 24 | 2 | ? | Not specified | Trace Alb Urea gr 4 to $\frac{3}{4}$ | 1 | 2 | 3 R.O.A. Forceps | M L 9 $\frac{3}{8}$ s | R | |
| 166 | Jn 35 | 3 | F | Oedema of legs & ankles, also of face. Headache (slight) visual disturbances Diminution of urine Epigastric pains | Alb $\frac{1}{2}$ Urea gr $\frac{1}{2}$ to $\frac{3}{4}$ | 8 | 8 | Twins | M F L 6 $\frac{1}{2}$ s 5 $\frac{1}{2}$ s | R | |
| 167 | Fb 20 | 1 | F | No symptoms | No Alb | 1 | 1 | L.O.A. | F L 6 $\frac{3}{4}$ s | R | |
| 168 | Fb 37 | 2 | 7 ms | On admission was delirious, severe headaches slight oedema of ankles | Alb solid Alka line | 9 | 9 | - - - | - | D | Heart: enlarged Lungs: Engorged Liver: subcapsular Haemorrhage present & vessels contained blood & gas Kidneys: enlarged & showing inter stitial nephritis |

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|-----|----|----|---|---------|---|--|----|----|--|-----------------------------|---|
| 169 | Fb | 17 | 1 | F | Epigastric pains Vomiting, severe headaches. Oedema of face & feet | Alb trace Urea grs $\frac{1}{4}$. to $\frac{1}{2}$ | 10 | 10 | L.O.A. | M L 9 $\frac{1}{6}$ s | R |
| 170 | Ap | 34 | 1 | F | Oedema of feet & legs. Oedema of abdomen wall Urine normal quantity | $\frac{1}{2}$ Alb Urea gr $\frac{1}{16}$. ad $\frac{1}{3}$ | 1 | 1 | 2 L.O.A. Forceps | M L 6 $\frac{1}{4}$ s | R |
| 171 | Ap | 27 | 1 | ? | No symptoms before fits B.P. 120 | Neut No Alb Urea, gr $\frac{1}{16}$. ad $\frac{1}{3}$ | 0 | 0 | 3 ² 3 B.B.A. Un cer t'n No. fts be fre ad | R | R |
| 172 | My | 34 | 3 | 8 ms | Headache. Restless Semi-conscious Swollen face & legs Ecchymosis of one eyelid B.P. 160 later 180 B.P. 130 | Solid Alb Urea gr $5\frac{1}{2}$ ad $\frac{1}{3}$. granu lar casts also urates Later Urea gr $\frac{1}{16}$. ad $\frac{1}{3}$ | 9 | 1 | 10 L.O.A. | F L 5 $\frac{1}{6}$ s | R |

| | | | | | | | | | | | | |
|-----|----|----|---|----------|---|---|-----|---|---|--------|-------------------------------------|-----|
| 173 | my | 25 | 1 | F | Headache for month Dimness of vision for last month Vomiting for week Epigastric pains (1 week) Frequent micturition | Solid Alb Urea gr $\frac{1}{3}$ ad $\frac{1}{3}$ | 2 | | | | L.O.A. F L $6\frac{1}{8}$ 16s | F R |
| 174 | My | 27 | 3 | 6½ ms | Headache general pains. Urine deficient | ½ Alb Neut | | 2 | 2 | R.O.P. | M L 2 16s | F R |
| 175 | Jn | 33 | 8 | F | Occipital head- ache. Headache throughout preg- nancy. Eyesight bad lately. Had 38 fits 1st pregad nancy, None c previous one Delusional insanity in other pregnan- cies. Little oedema | Acid Solid Alb Urea gr $\frac{1}{3}$ | [5] | 5 | | L.O.A. | F L 9 16s | F R |
| 176 | Jn | 39 | 8 | F | Swelling of eye- lids, face & legs Dimness of vision Giddiness. One fit before admission | No Alb Urea gr $\frac{1}{3}$ | 1 | 1 | 1 | R.O.A. | F L $9\frac{1}{8}$ 16s | F R |
| 177 | Jy | 23 | 1 | F | Oedema of legs 3 months | Nearly Solid Alb | | 4 | 4 | L.O.A. | M L $7\frac{1}{8}$ 16s | F R |
| | | | | | | | | | | - 32 - | | |

| 180 | Ag 33 5 | ? 8 ms | No prodromes whatever Onset of fits 1st symptom Quite unconscious Moist sounds at base of lungs & Cyanosed Afterwards says that she had been epileptic since girlhood | Slight Trace Alb Urea gr $\frac{1}{10}$ ad $\frac{1}{3}$ | 10 N.I.L. | Dis |
|-----|---------|--------|---|---|------------------------------|-------------------------|
| 181 | Ag 31 1 | 7½ ms | Headache 1 day Vomited once a day Pain in back & epigastrium. Chronically constipated. No eye symptoms. Diminution of urine. Swelling of eyes noticed not elsewhere Unconscious T 97 P 100 B.P 200 Later, oedema at bases of lungs | Alka- dayline Alb $\frac{1}{6}$ Urea gr $\frac{1}{10}$ ad $\frac{1}{3}$ 3rd day No Alb Urea gr $\frac{1}{10}$ ad $\frac{1}{3}$ | 11 L.O.A. Forceps F 2½ | MacR ratd F 2½ |
| 182 | Ag 31 3 | F | No previous history of fits. No prodromes whatever T 99.6 P 100 | 1.010 Acid No Alb | 1 L.O.A. | F R L 6½ |

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|-----|----|----|---|--|---|---|----|-------------------|------------------------------------|------------------------------------|--|
| 183 | Sp | 16 | 1 | F | Admitted in fit B.P. 140 Oedema of legs & abdomen Face puffy Restless Adventitious sounds in chest (Pneumonia apical R) | $\frac{1}{2}$ Alb Urea gr $\frac{1}{2}$ ad $\frac{1}{3}$ | 4 | 9 | 13 L.O.A. Forceps | M R S.B. 7 $\frac{1}{2}$ lbs | |
| 184 | Sp | 15 | 1 | F | Oedema of Labia " Feet No headache till today B.P. 140 | $\frac{1}{2}$ Alb Urea gr $\frac{1}{2}$ ad $\frac{1}{3}$ | 7 | 7 | L.O.A. | M R L 9 $\frac{1}{2}$ lbs | |
| 185 | Sp | 18 | | Not Patient admitted Stat'd under Chloroform 2nd day Jaundiced Tenderness in region of G.B. | Alb solid Urea gr $\frac{1}{2}$ ad $\frac{1}{3}$ Urine now con tain ing bile | 11 | 11 | L.O.A. Forceps | F R S.B. 3 $\frac{1}{2}$ lbs | | |
| 186 | Oc | 21 | 1 | F | Restless on admission. No details | Solid Alb Urea gr $\frac{1}{2}$ to $\frac{1}{3}$ | 4 | 4 | L.O.P. Forceps | M R L 8 lbs | |

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|-----|----|----|----|----------|---|---|---|----|----|----------------|--|---|
| 187 | Oc | 18 | 1 | ? | Headache for 1 wk | Nearly solid Alb Urea gr ^{wp.} ad ³ / ₇ Later faint trace of Alb | 3 | 1 | 4 | L.O.A. Forceps | F L 6 ¹ / ₂ lbs | R |
| 188 | Nv | 36 | 2 | F | Pain in back, chest & head. Constipated. Vomiting during last 2 wks Oedema of legs & eyelids B.P. 156 | Nearly Solid Alb Later Urea 6 ¹ / ₂ grs to ³ / ₇ | 3 | 3 | 3 | R.O.A. | F L 5 ¹ / ₂ lbs | R |
| 189 | Nv | 32 | 1 | F | Oedema of legs (1 week) & of face (1 day) Vomiting. Tongue coated. Oedema of Vulva & abdomen | Solid Alb Urea gr ^{wp.} ad ³ / ₇ Later Urea gr ^{wp.} ad ³ / ₇ | 3 | 3 | 3 | L.O.A. | F L 8 lbs | R |
| 190 | Dc | 16 | 1 | F | Oedema of legs No vomiting or headache B.P. 120 | Alb | 1 | 1 | 1 | L.O.A. Forceps | M L 9 ¹ / ₂ lbs | R |
| 191 | Dc | 25 | No | De-tails | Some Oedema | Alb | 7 | 3 | 10 | R.O.A. Forceps | F L 6 ¹ / ₈ lbs | R |
| | | | | | | | - | 36 | - | | | |

| | | | | | | | | | | |
|------|-----------|---|---------------|---|---|-----|----|----------------------|------------------------------|---|
| 1909 | 192 Jn 23 | 1 | 7½ ms | Some oedema of legs Headache | ¾ Alb Urea grl ½ to later gr v ½ Alb | 6 | 6 | R.O.A. | M L 4½ _{us} | R |
| | 193 Jn 23 | 1 | F | Oedema of legs & face ?ascites Headache | Trace of Alb later nearly solid Urea gr to alb later ½ | 6 | 7 | 13 L.O.A. Forceps | F L 7½ _{us} | R |
| | 194 Feb | 2 | ? | Semi-conscious P 160 Exophthalmos | Solid Alb later ½ | 112 | 13 | B.B.A. | M L 5½ _{us} | R |
| | 195 Fb 18 | 1 | 8 ms | Some oedema of legs | Neut ¾ Alb | 5 | 5 | L.O.A. | M L 6 _{us} | R |
| | 196 Mr 38 | 1 | ? 7½ ms | No details | ¾ Alb | 9 | 9 | R.O.A. | F S.B. 6 _{us} | D |

| 197 Mr 24 3 | ? No details | Neut Alb $\frac{1}{2}$ Urea 6 grs to $\frac{3}{4}$ | 2 | 1 | 3 | L.O.A. | F L 97 $\frac{1}{2}$ s | R |
|-------------|---|--|----|----|----|-------------------|---|---|
| 198 Ap 31 3 | - Headache. Vomiting ? Visual trouble Oedema of legs & eyelids. Drowsy but conscious | Solid Alb urea gr $\frac{1}{3}$ to $\frac{1}{3}$ later $\frac{1}{2}$ Alb | 12 | 1 | 13 | L.O.A. Forceps | M R S.B. 67 $\frac{1}{2}$ s | R |
| 199 My 26 1 | F Headache Semi comatose Oedema of legs | $\frac{1}{2}$ Alb Urea gr v | 4 | 4 | 4 | L.O.A. Forceps | M R L 97 $\frac{1}{2}$ s | R |
| 200 My 16 1 | ? No notes of pro- dromes Conscious on admission Bladder contained 40 ozs urine B.P. 156 Feet oedematous | $\frac{1}{2}$ Alb Urea 6 $\frac{1}{2}$ grs ad $\frac{3}{4}$ | 14 | 14 | 14 | B.B.A. | F R L 7 $\frac{1}{2}$ 7 $\frac{1}{2}$ s | R |
| 201 Jn 19 1 | 8 Admitted in fit ms No notes re prodromes | Solid Alb Urea grs $\frac{10}{16}$ ad $\frac{3}{4}$ Later Alb $\frac{1}{2}$ Urea. gr $\frac{1}{4}$ | 8 | 8 | 8 | R.O.A. Forceps | F R L 5 $\frac{1}{2}$ 7 $\frac{1}{2}$ s | R |

| | | | | | | | | |
|--------|-------|-----|------------------------------|--|-----------|----------------|---------|---|
| 202 | Jne30 | 5 ? | ----- | Solid Alb 3rd day Trace | 16 16 | B.B.A. | F L 57s | R |
| 203 | Jl 20 | 1 ? | Restlessness Delusions | Clear. Later Alb $\frac{1}{2}$ Urea gr $\frac{1}{4}$ to $\frac{1}{2}$ | 2 16 18 | L.O.A. Forceps | F L 72s | R |
| 204 | Jy 22 | 1 ? | Unconscious on 7ms Admission | Solid Alb 13th Urea gr $\frac{1}{4}$ to $\frac{1}{2}$ 15th grs 52 to $\frac{1}{2}$ Alb $\frac{1}{2}$ | 17 616 39 | R.O.A. Forceps | F L | R |
| 205 | Jy 22 | 1 F | Not specified | Alb $\frac{1}{2}$ Urea gr $\frac{1}{4}$ to $\frac{1}{2}$ | 2 1 3 | L.O.A. | F L 62s | R |
| 206 | Ag 23 | 1 F | No details | Alb $\frac{1}{2}$ | 7 7 | R.O.A. | F L 72s | D |
| 207 | Ag 23 | 4 ? | Vomiting 8 ms | Alb $\frac{1}{2}$ | 4 10 14 | ? | M L 62s | D |
| - 39 - | | | | | | | | |

*Did suddenly
3rd day
No Pal Motion*

| | | | | | | | | | | | |
|-----|----|----|---|---------|--|--|----|----|------------------------|----------------------------|---|
| 208 | Ag | 17 | 1 | F | ----- | Alb 1/2 | 2 | 2 | L.O.A. normal | M L 6 3/4 | R |
| 209 | Sp | 18 | 1 | ? | No history given | Clear | 1 | 1 | L.O.A. | F L 7 1/4 | R |
| 210 | Sp | 19 | 1 | F | No history | No Alb | 2 | 2 | L.O.A. | F L 8 1/4 | R |
| 211 | Sp | 32 | 2 | ? | Unconscious on admission | Alb Solid later 1/3 | 9 | 9 | 18 R.S.A. (Version) | M L 4 1/2 | R |
| 212 | Sp | 19 | 1 | 6 ms | Admitted semi-conscious, having had 11 fits before admission | Solid Alb | 19 | 30 | Cranis- tomy | F 2 1/4 | D |
| 213 | Sp | 18 | 1 | F | Oedema of face | Alb trace | 5 | 5 | R.O.A. (Forceps) | F L 8 1/4 | D |
| 214 | Oc | 19 | 1 | ? | Very oedematous Admitted in a stuporose condition | Nearly Solid Urea gr 4 1/2 to 1/2 | 2 | 2 | L.O.A. | M Mace ratd 6 1/4 | R |
| 215 | Oc | 21 | 3 | 6 ms | 6 fits with previous premature child - Drowsy face & eyes oedematous, tongue swollen & protruding. Legs not much swollen | 1.020 Acid Alb 1/2 Urea gr 1 1/2 | 8 | 8 | L.O.A. | M S.B. 1 1/4 | R |

*Sid pneumonia
9th day
no Post mortem*

| | | | | | | | | | | | | | |
|-----|----|----|---|---|--|-----------|---|---|----|----------------------------|--------|---|--|
| 216 | Nv | 40 | 7 | - | Unconscious on admission, Cheyne Stokes respiration | - | - | 2 | - | 2 | B.B.A. | D | No marks of violence. Heart hypertrophied and contained clots and fluid blood <u>Coronary arteries atheroma.</u> <u>Kidneys tough, adherent capsules</u> <u>Liver & Spleen & Lungs firm and congested</u> Little free blood in peritoneal cavity. <u>Uterus usual appearance shortly after delivery</u> <u>Skull thick and dense</u> Blood extravasated into Right Cerebral hemisphere opening into Ventricle <u>Verdict</u> <u>Cerebral Haemorrhage from external causes.</u> |
| 217 | Dc | 28 | 6 | F | ----- | No Alb | 4 | 1 | 5 | L.O.A. | M L 9½ | R | |
| 218 | Dc | 20 | 1 | F | Admitted comatose Fits began 4 hrs before admission Had 6 fits before admission Oedema general B.P. 160 | Alb Solid | 6 | 5 | 11 | R.O.A. Chlo. Forceps | M L 7½ | R | |

